



STATE OF MISSISSIPPI
DEPARTMENT OF CORRECTIONS
Marshall L. Fisher
COMMISSIONER

Jerry Williams
Deputy Commissioner

Institutions
(601) 359-5607 5323(FAX)

August 12, 2016

MDOC Records Department
P.O. Box 24388
Jackson, MS 39225

Dear Sir or Madam,

Pursuant to your request, enclosed please find the requested documents regarding the inmate record of **Michael McDougale, MDOC# 179721**. Please be advised that our office does not handle medical record requests nor does this office handle any records regarding misdemeanor offenses.

If this office can be of any further assistance, please feel free to contact us at 601-933-2889, extension 6094.

Respectfully,

A handwritten signature in black ink, appearing to read "LaTisha K. Lockhart".

LaTisha K. Lockhart
Projects Officer III, Special
Operations Department Supervisor

lkl

EXHIBIT "E"

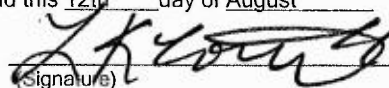
STATE OF Mississippi)
) SS.
 COUNTY OF Hinds)

I, LaTisha K. Lockhart hereby certify that I am the of the Special Projects Officer-III of the
 (Official Position)

Records Department- Central Office, a division of the State of Mississippi
 (name of department or penitentiary)

situated in the county and State aforesaid, that in my legal custody as such officer are the original files and records of persons heretofore committed to said penal institution; that the Institutional Records, fingerprints (if available and all other documents available) attached hereto are copies of the original records of Michael McDougale, MDOC# 179721 a person heretofore committed to said penal institution and who serve a term of imprisonment therein; that I have compared the foregoing and attached copies with their respective originals now on file in my office and each thereof contains, and is, a full, true and correct transcript and copy from its said original.

IN WITNESS WHEREOF, I have hereunto set my hand this 12th day of August
 A.D. 2016


 (Signature)

Special Projects Officer-III
 (Official Title)

STATE OF _____)
) SS.
 COUNTY OF _____)

I, _____, Presiding Judge of _____ State
 of _____, County of _____, which Court is a Court of Record having a
 seal, do hereby certify that _____ whose name is subscribed to the
 above Certificate, was at the date thereof, and is now _____ of the
 _____ and is the legal keeper and the officer having the legal
 custody of the original of the said _____; that the said Certificate is in
 (penitentiary)
 due form; and that the signature subscribed thereto is his genuine signature.

IN WITNESS WHEREOF, I have hereunto subscribed my name in my official character as
 such Judge, of the County and State aforesaid, this _____ day of _____, A.D.

 (Signature)

Judge of _____

STATE OF _____)
) SS.
 COUNTY OF _____)

I, _____ Clerk of _____ of the State of
 _____, County of _____, which Court is Court of Record

having a seal which is annexed hereto, do hereby certify that _____, whose name is subscribed to the foregoing Certificate of due attestation, was, at the time of signing the same, Judge of _____ aforesaid, and was duly commissioned, qualified and authorized by law to execute the said Certificate. And I do further certify that the signature of the above named Judge to the said Certificate of due attestation is genuine.

IN WITNESS WHEREOF, I have hereunto set my hand and annexed the seal of the _____ at my office in said County, this _____ day of _____, A.D.
(name of court)

(signature)
Clerk of _____

Mississippi Department of Corrections

Offender Number: 179721 **Name:** MCDOUGLE, MICHAEL DEANGELO
Date of Birth: 06/14/1985 **FBI Number:** 730322TC7 **Race:** BLACK **Sex:** MALE
Height: 5' 4" **Weight:** 145 **Hair Color:** BROWN **Eye Color:** BROWN
SSN: **Complexion:** DARK **Build:** SMALL
Location: -No Facility- **Custody:** **Entry Date:** 12/13/2012
Term to Serve: **Tent. ERS Date:**
Court Ordered Status: **Tentative Release:** 12/11/2014
Statutory Parole Date: **Status:** EXPIRATION OF SENTENCE
Parole Set Off Date:
Parole Revocation Hearing Date:

Sent #	Cause Number	Offense	Date Sentenced	County of Conviction	CC/CS	Number of Days for Booking
1	12CR0058NSG	SHOPLIFTING	10/26/2012	NESHOBA	0/0	<u>316</u>
Booking Number: A			Term of Sentence: 3 Y, 0 M, 0 D Term Suspended: 00 Y, 00 M, 00 D Term of Probation: 00 Y, 00 M, 00 D			

MISSISSIPPI PAROLE BOARD

Jackson, Mississippi



CERTIFICATE OF PAROLE

KNOW ALL MEN BY THESE PRESENTS:

It having been made to appear to the State Parole Board that MCDUGLE, MICHAEL

, Register No. 179721, a prisoner in the Mississippi DEPARTMENT OF CORRECTIONS is eligible to be PAROLED and that there is a reasonable probability that said prisoner WILL REMAIN AT LIBERTY WITHOUT VIOLATING THE LAWS, and it being the opinion of the State Parole Board that the release of this prisoner is not incompatible with the welfare of society it is ORDERED by the said State Parole Board that the prisoner be PAROLED from the MISSISSIPPI DEPARTMENT OF CORRECTIONS ON AUGUST 27, 2013 and that said prisoner is paroled to NESHOBA COUNTY to remain there until properly transferred by Mississippi Department of Corrections personnel or until expiration or revocation of said parole, or in event of arrest and conviction for law violation, until action has been taken by the State Parole Board.

Witness our signature and seal, this 9th day of July, 2013.

STATE PAROLE BOARD

MALCOLM MCMILLIN *Malcolm McMillin*, Chairman
DOUG E. DAVIS *Doug E. Davis*, member
BETTY LOU JONES *Betty Lou Jones*, member
CLARENCE BROWN, member
STEVEN PICKETT *Steven Pickett*, member

(SEAL)

Mississippi Department of Corrections
Psychological Evaluation
Initial Screening

Inmate Name MCDUGLE, MICHAEL DEANGELO Date: 12/18/2012
Psych Evaluator B. Lovett MDOC# 179721
Last School Grade Completed _____ Age 27 DOB 06/14/1985

Education -TABE Locator _____ Date: 12/18/2012 LEVEL OF CARE _____

Intelligence-GAMA _____ Score _____ Date: 12/18/2012

MILLION: _____ Date: 12/18/2012

REFERRALS by Psychological Evaluation

Biographical and Correctional History

Inmate stated that he was not working. Inmate self reported that he has no tattoos.

General Observations / Appearance and Current Emotional Status

Mental Health History

Present / Past Psychological / Psychiatric Treatment

Have you ever seen psychologist, counselor, or psychiatrist? What for? At what age(s)? In prison, or on street? What was the diagnosis? What treatment(s) / medication(s)? Have you ever been hospitalized for mental / emotional problems? Where? What for? At what age(s)?

Suicidal Potential

Current Ideations _____

Current Plans _____

Previous attempts / gestures (Have you ever tried to commit suicide? How many times? Why? What age(s)? How did you attempt to harm yourself?)

Substance Abuse History

Have you ever used alcohol or drugs? What types? Since what age(s)? Why(Peer Influences, Stimulation, Escape, Relaxation, Other)? How has alcohol / drugs interfered with your life(Disrupted family relationships, Fights, Arrests, Other)?

Other

Conclusion / Summary